



THE STATE UNIVERSITY OF NEW YORK
Potsdam

PAYCHECK DISTRIBUTION REQUEST FORM

(PLEASE PRINT)

Employee Name _____

CAMPUS department mailing address _____

Paycheck distribution request effective _____

I wish to authorize another employee to pick up my paycheck.

Printed name of person who will pick up my check _____

Signature of person who will pick up my check _____

Employee Signature

Date

Please return this form to Office of Human Resources, 219 Raymond Hall.

Please refer questions to the Office of Human Resources at 267-2093.